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TOWNSEND and TOWNSEND and CREW LLP

By Karen Marino

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

REED *et al.*

Application No.: 09/724,685

Filed: November 28, 2000

For: COMPOUNDS AND METHODS
FOR IMMUNOTHERAPY AND
DIAGNOSIS OF TUBERCULOSIS

Examiner: Not yet assigned

Art Unit: 1642

PRELIMINARY AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Before substantive examination on the merits, please amend the application as follows.

IN THE CLAIMS:

Please cancel claims 1-36 without prejudice to subsequent revival.

Please add new claims 37-55 as follows

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/724,685
Filing Date	November 28, 2000
First Named Inventor	Reed, Steven G.
Group Art Unit	1642
Examiner Name	Not Yet Assigned
Attorney Docket Number	014058-008561US

Total Number of Pages in This Submission

1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard.
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Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Annette S. Parent	Reg. No. 42,058
Signature	<i>Annette S. Parent</i>	
Date	October 24, 2001	

CERTIFICATE OF MAILING

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October 24, 2001

Typed or printed name	Karen Iovino	Date	October 24, 2001
Signature	<i>Karen Iovino</i>		

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